



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Medeiros	Nick		(916) 802-8554
MAILING ADDRESS (Street)			FAX
1127 11th Street, Suite 350			(916) 441-2940
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N.M., Inc.			(916) 802-8554
MAILING ADDRESS (Street)			FAX
1127 11th Street, Suite 350			(916) 441-2940
(City)	(State)	(Zip Code)	
Sacramento	California	95814	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Teachers Insurance & Annuities Association - College Retirement Equities Fund		(212) 916-6476
MAILING ADDRESS (Street)		FAX
730 Third Avenue		(212) 916-5952
(City)	(State)	(Zip Code)
New York	New York	10017
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Daniel Barry		(212) 916-4571
MAILING ADDRESS (Street)		FAX
730 Third Avenue		(212) 916-4571
(City)	(State)	(Zip Code)
New York	New York	10017

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Nick Medeiros

(Signature of Lobbyist)

4-12-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

Karen M. Elinski

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Regional Vice President & Senior Counsel

NAME OF ORGANIZATION (if applicable)

TIAA-CREF

TELEPHONE

(212) 916-6476

MAILING ADDRESS (Street)

730 Third Avenue

FAX

(212) 916-5952

(City)

New York

(State)

New York

(Zip Code)

10017

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Karen M. Elinski

(Signature of Authorizing Officer or Person Represented)

4/16/07

(Date)